

Greetings!

  Thank you for your interest in Champaign Heat Basketball. This year we celebrate our 14th year serving the Central IL community! We are looking forward to a great season, filled with competitive games and practices, excitement, fun, learning, teaching and responsibility. Congrats! Your athlete has been selected to join the 2019 Champaign Heat Basketball travel program. Welcome to competitive basketball. Congrats!

AGES: 1th Boys (17u)                                 Coaches Contact Information:

**Head Coach and Founder (K.G.) Kharis Gordon**- [champaignheatbasketball@gmail.com](mailto:champaignheatbasketball@gmail.com) (Director of Rec-Next Generation School) (708) 220-6347 text/call

**Ast. Coach-Jameel Jones (Director of Rec-Champaign Park District)-217-390-5656**

Mission of Champaign Heat Basketball:

The purpose of this team is to further the maturation of young basketball athletes to young adults.  Our focus, objective and goal, is to have the best athletes on and off the court every time we play.  Through the various challenges and experiences we will face together as a team, we hope to utilize those opportunities to further develop the athletic and professional development of our Champaign Heat youth athletes.

**Travel:**

**\*PLAYERS WILL BE REQUIRED TO COVER THEIR OWN MEALS AND OTHER ACCOMMODATIONS AT GAME EVENTS.**

**\*CHAMPAIGN HEAT DOES NOT PROVIDE ANY TRANSPORTATION. PLEASE TAKE TIME TO LOOK AT THE SCHEDULE AND VOLUNTEER TO DRIVE/CARPOOL.  WE NEED PARENTS TO COME ON TRIPS TO HELP TRANSPORT THE TEAM, PROVIDE LODGING, AND FOR SUPERVISION\***

Practices will be held at Next Generation School, Rantoul Rec ,or Douglass Rec. PLEASE NO SIBLINGS OR FRIENDS AT PRACTICE, **THEY ARE NOT COVERED BY OUR waivers, THEY ARE NOT ALLOWED (unless supervised by and adult).**

**Things to do list:**

**Due 3/8/21**–Permission Slip/Participant Information Form /Medical History Form/Copy of Insurance Card/Copy of Birth Certificate (if we don’t have it already or has been recently updated)/ Copy of current report card/**$225 team fee 1**

**Due 4/2/21**- **$200 team fee 2**

**(Optional) Maxhoops Camp Fee is due 7/1/21 (I encourage every player that does not have an offer by 7/1/21 to attend this camp. They will get to work with, be coached by, play in front of and meet an entire staff of d2, d3, naia College Coaches at this event.**

**Total Due= $425**



**17u Spring/Summer 2021 Team Travel Budget**

Month Tournament Cost

\* requires a hotel stay, prepare and plan ahead

\*\*personal event, not included in team budget

**March 20th onedayshootouts.com (2 games) Hammond, IN $150**

**\*April 2-4th- Prephoops KY Kickoff (4+games) Louisville, KY (Regional Exposure Tourney) $400**

**\*April 9-11th -NY2LA Spring Extravaganza (3+games) Indianapolis, IN (NCAA CERTFIED) $550**

**\*April 23-25th -Prephoops KS Live (4+games) Lawrence, KS (NCAA CERTFIED) $400**

**\*April 30th-May 2- Nike Gym Rats BH Run N Slam** **(4+games) Ft. Wayne, IN** **(National Exposure Tourney) $595**

**\*May 14-16th -Prephoops Havoc In the Heartland (4+games) Indianapolis, IN (Regional Exposure Tourney) $400**

**\*May 29-30th A2P Exposure Spring Showcase (3+games) Bourbonnais, IL (Regional Exposure Tourney) $350**

**\*July 2-4thth -Prephoops Chi Summer Challenge (4+games) Aurora, IL (Regional Exposure Tourney) $400**

**\*July 8-11th – Prephoops Live The Platform (4+games) Birmingham, AL (NCAA CERTFIED) $400**

**\*July 24th onedayshootouts.com (2 games) Chicagoland or Hammond, IN $150**

**\*July 30-Aug 1st- Prephoops The Finale (4+games) Fishers, IN (National Exposure Tourney) $400**

**\*\*Aug 7-9th Maxhoops Elite Basketball School Camp@Pacific University/Clackamas College (Direct & Personal D3/2/JUCO/NAIA Exposure to College Coaches) Forest Grove, OR (GUARANTEED COLLEGIATE EXPOSURE) $125**

**Total Team Costs (this is NOT what you pay) :**-**$4,195**

**(I only put this info on here to show you all where all the expenses are coming from)**

**Team FEE: $425.00 per player (if 10 players, this is what you pay)**



Spring/Summer 2021 Behavior Contract

**1. PRACTICE IS MANDATORY, DO NOT MISS PRACTICE.**

**-PLEASE CONFIRM ANY VALID REASONS TO MISS/OR BE TARDY TO PRACTICE WITH YOUR COACH BEFORE PRACTICE. 3 MISSED PRACTICES OR TARDIES WITHOUT VALID REASONS COULD RESULT IN DISMISSAL FROM THE TEAM.**

**2. ALWAYS EXHIBIT GOOD BEHAVIORS AND POSITIVE ATTITUDES.**

**-THE COACHES WILL NOT TOLERATE NEGATIVE ACTIONS, BEHAVIORS, LANGUAGE, OR ATTITUDES TOWARDS ANYBODY, INCLUDING TEAMMATES, OTHER PLAYERS, OTHER COACHES, FANS, AND FACILITY STAFF. 3 ACTS OF POOR BEHAVIOR COULD RESULT IN DISMISSAL FROM THE TEAM.**

**3. WE EXPECT 100% EFFORT TO BE GIVEN AT ALL TIMES.**

**-THE COACHES WILL NOT TOLERATE PLAYERS WHO DON’T PLAY THEIR HARDEST, TRY THEIR HARDEST, AND WHO DON’T PUSH THEMSELVES TO BE THE BEST THEY CAN BE. PLAYERS WHO PURPOSELY DISPLAY WEAK EFFORT WILL BE SUBJECT FOR REMOVAL FROM THE TEAM.**

**4. PARENTS MUST ENSURE THAT THEIR ATHELTES HAVE PROMPT RIDES TO AND FROM PRACTICES, GAMES, & TOURNAMENTS.**

**-PRIOR TO, DURING, AND AFTER A CHAMPAIGN HEAT BASKETBALL EVENT, CHAMPAIGN HEAT AND ALL OF ITS’ AFFILIATES ARE NOT RESPONSIBLE FOR YOUR PLAYER. PLEASE PICK UP YOUR PLAYER ON TIME.**

**5. HEAD COACHES WILL BE IN CHARGE OF HANDLING DISCIPLINARY ISSUES THAT MAY ARISE THROUGHOUT THE SEASON. IF NECESSARY, COACH KG WILL HAVE THE FINAL SAY IN DISCPLINARY ACTIONS.**

**Parent Name (print): Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Athlete Name (print): Athlete’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,2021**



***2021 Participant Information Form*:**

Legal Name of Participant (must match birth certificate):

Participant's Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Also Known As (Nickname):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_

***Parent/Guardian Information*:**

Father's Name:   Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Mailing Address (If Different than Participant's)

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:  Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Mailing Address (If Different than Participant's)

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian's Name:  Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Mailing Address (If Different than Participant's)

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency *Contact Information***:

         Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PHYSICAL FITNESS AND MEDICAL HISTORY FORM***

**A COPY OF YOUR INSURANCE CARD MUST ACCOMPANY THIS FORM:**

Legal Name of Participant (must match birth certificate):

 LAST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI:\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      GENDER:     MALE:\_\_\_\_\_\_\_\_     FEMALE\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PRIMARY MEDICAL INSURANCE COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MEMBERSHIP NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON POLICY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PARTICIPANT MEDICAL HISTORY:***

(Please circle yes or no)

 1.             Are there any injuries requiring medical attention?                                                 YES         NO

2.             Are there any past surgeries or scheduled surgeries                                              YES         NO

3.             Is the participant currently under the care of a medical practitioner?                      YES         NO

4.             Is the participant currently taking any medications?                                                YES         NO

5.             Does the participant have any allergies (penicillin, bee stings, etc)?                       YES         NO

6.             Does the participant have asthma/require the use of an inhaler?                            YES         NO

7.             Is the participant diabetic/require medication for diabetes?                                     YES         NO

8.             Does/has the participant have/had seizures?                                                          YES         NO

9.             Does the participant wear glasses or contact lenses?                                             YES         NO

10.           Does the participant wear a brace or other medical support device?                      YES         NO

11.           Does the participant have any other physical limitations or medical conditions?    YES         NO

 If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that this information is accurate to the best of my knowledge.  I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time.  Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing, if there is any change in the medical condition of my child.  I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.  I give the personnel of Champaign Heat Basketball to give consent for medical treatment for my child in my absence.

 Participant's Parent/Guardian Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



***2021 PARTICIPANT AND PARENTAL CONSENT FORM***

I, (participant name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the information given to me by Champaign Heat Basketball.  I would like to be a part of Champaign Heat Basketball.  I understand that my participation is based on my commitment and willingness to follow all rules and expectations of Champaign Heat Basketball. I fully pledge my 2021 Spring/Summer competitive basketball season commitment to Champaign Heat and to no other travel basketball team (without permission). I fully understand if I fail to meet Champaign Heat Basketball rules or expectations, I will/may be removed from the team (no refund).

 Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  I, (Parent/Guardian), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the information given to me by Champaign Heat Basketball. I recognize and support my athlete’s decision to pledge their 2021 Spring/Summer to play with Champaign Heat Basketball and for no other travel basketball team (school teams are exceptions). I would like my child to be a part of Champaign Heat Basketball.  I understand that my child's participation is based on his/her commitment and willingness to follow all rules and expectations of Champaign Heat Basketball.  I understand if my child fails to meet Champaign Heat Basketball rules or expectations, he/she will/may be removed from the team. I also recognize that Champaign Heat Basketball coaches, the Champaign Park District, Next Generation School, Rantoul Rec, and all of its affiliates (all the facilities we will utilize through the season) and volunteers (parents) are not responsible for any injury or property damage you or your athlete may be involved in at any time your involvement is required by Champaign Heat. You also acknowledge that your athlete and you are riding and lodging at your own risk during all travel periods of Champaign Heat Basketball. In case of injury during transportation, Champaign Heat Basketball, the Champaign Park District, Rantoul Rec, Next Generation School and all of its affiliates are not responsible. **Next, you agree that for any reason Champaign Heat will not provide refunds of any type. No refunds (Exception COVID19 cancelled events).** You also agree that Champaign Heat has permission to take photos/video of your child during Champaign Heat events. All photos/video are property of Champaign Heat Basketball and could possibly be used for our website and other publication materials. By signing below you agree that you and your child are responsible for any injuries or accidents that may occur during the Champaign Heat season (including practices, events, all transportation, and hotel stays). Lastly, you agree and give Champaign Heat permission to take and use your child’s images (video or photo) for publication purposes.

 Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Again, thank you for supporting Champaign Heat Basketball. We take our athletes, coaching, and the game of basketball very seriously. We take GRASS ROOTS BASKETBALL SERIOSULY. We love empowering youth through basketball! We look forward to working with your athlete and helping him/her develop into a great basketball player on the court and productive citizen off the court. PLEASE KEEP IN MIND THAT THIS IS COMPETITIVE BASKETBALL, PLAYING TIME IS EARNED, IT IS NOT GUARANTEED. We will always do our best to play everyone as much as we can, however some competitive situations can make that very difficult, and we appreciate your understanding. HOURS OF PRACTICE with experienced coaches and a competitive team are FAR MORE VALUABLE THAN a 30-40 MINUTE GAME. For more information and to keep up with the team please visit our site,CHAMPAIGNHEATBASKETBALL.SYNTHASITE.COM, follow us on twitter: @champaignheat and instagram: @champaignheatbasketball for all the latest news, pictures, videos, and updates! Thanks again for your participation in Champaign Heat Basketball! As always, GO HEAT!!!!

Sincerely,

Coach K.G.

Champaign Heat Basketball Founder/Director

Congrats on becoming a Heat Alumni! You all will be my last group of Champaign Heat in its original form. I am very proud of you all. We have had some of the guys on the team since 4th grade. Thank you for being loyal and I wish you much success on and off the court in your futures! You all mean so much to me! I am retiring from travel basketball on August 2nd, 2021. Go Heat!!!!!!!!!!

**\*(Please turn in pages 3-8 and keep the other pages of this packet for your information purposes)**